

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>125</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>266</u>	
Town of <u>Sausalitos</u>		Local Registrar No. _____	
or _____			
City of _____	No. _____	St. _____	Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Viola Victor</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____
6. Legitimate? <u>yes</u>		7. Date of birth <u>April 23</u>	(Month, day, year)
8. FATHER Full name <u>Merritt Victor</u>		14. MOTHER Full maiden name <u>May Seanacy</u>	
9. Residence (Usual place of abode) If nonresident, give place and State <u>Sausalitos Ariz</u>		15. Residence (Usual place of abode) If nonresident, give place and State _____	
10. Color or race <u>Indian</u>	11. Age at last birthday <u>38</u>	16. Color or race <u>Indian</u>	17. Age at last birthday <u>40</u>
12. Birthplace (city or place) (State or country) <u>Arizona</u>		18. Birthplace (city or place) (State or country) <u>Arizona</u>	
13. Occupation Nature of industry <u>Farmer</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child here- in certified and including this child.)		(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>3</u> (c) Stillborn <u>0</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>6 A.M.</u> on the date above stated. (Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>E. H. Sawyer M.D.</u> (Physician or midwife)	
Given name added from a supplemental report _____ (Month, day, year)		Address <u>San Carlos Arizona</u>	
Registrar. _____		Filed <u>5-5</u> , 19 <u>23</u> <u>B. G. J. a</u> Filed <u>5-6</u> , 19 <u>23</u> <u>B. G. J. a</u> Local Registrar _____ County Registrar _____	

559-405-428